

# ATTENTION FIREARMS APPLICANTS

## NEW Class A/B LTC

- ☐ Complete Firearms Safety Course
- ☐ Fill out application
- ☐ Make your appointment with the Detective Bureau, 508-841-8577
- ☐ 2 (Non-family) letters of reference *(the author of the letter must state, in the text of the letter, that they are aware you are applying for a LTC.)*
- ☐ \$100 check or money order (cash not accepted)  
Age 70 and over – Free

## RENEW Class A/B LTC

- ☐ Complete Firearms Safety Course  
or provide your current hunting license, club membership, active member of the Military
- ☐ Fill out application
- ☐ Make your appointment with the Detective Bureau, 508-841-8577
- ☐ \$100 check or money order (cash not accepted)  
Age 70 and over – Free

## NEW FID

- ☐ Complete Firearms Safety Course
- ☐ Fill out application
- ☐ Make your appointment with the Detective Bureau, 508-841-8577
- ☐ \$100 check or money order (cash not accepted)  
Age 70 and over – Free

## RENEW FID

- ☐ Fill out application
- ☐ Make your appointment with the Detective Bureau, 508-841-8577
- ☐ \$100 check or money order (cash not accepted)  
Age 70 and over – Free

## NEW / RENEW Class D MACE/Chemical Spray

- ☐ Make your appointment with the Detective Bureau, 508-841-8577
- ☐ Fill out application
- ☐ \$25 check or money order (cash not accepted)
- ☐ No Fee for RENEW

## REASONS FOR ISSUE

Some common reasons for issue are:

**SPORTING** – hunting and target shooting

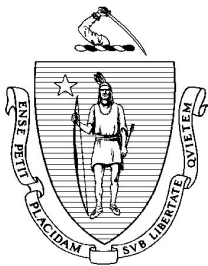
**EMPLOYMENT** – firearm used in the performance of your job (You will need a letter from your employer stating that they require you to carry a weapon, as well as proof that you have qualified on a range.)

**BUSINESS** – firearm used in the performance of your job

**DEALER** – dealer of firearms, rifles or shotguns

**COLLECTOR** – collector of firearms, rifles or shotguns

**YOU WILL NOT BE PROCESSED UNLESS YOU HAVE MET ALL REQUIREMENTS PRIOR TO YOUR APPOINTMENT WITH THE DETECTIVE BUREAU.**



**The Commonwealth of Massachusetts  
Criminal History Systems Board**

Firearms Record Bureau  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150

FTN: \_\_\_\_\_

LIC #: \_\_\_\_\_

**Application**

**FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR  
LICENSE TO CARRY FIREARMS OR LICENSE TO POSSESS A MACHINE GUN  
(MGL C.140, s.129B AND s.131)**

**Please Check One**

☐ New Applicant

☐ Renewal - Most Recent License to Carry/FID Number: \_\_\_\_\_

Issued from Which City/Town? \_\_\_\_\_ MA Expiration Date: \_\_\_\_\_

\*NOTE: If application is for first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached to this application.

**Please Check the Type of License for Which You are Applying**

(Please Check Only One)

☐ Firearms Identification Card - Restricted (mace and pepper spray)

☐ Firearms Identification Card

☐ Class B License to Carry - Non-Large Capacity

☐ Class A License to Carry - Large Capacity

☐ License to Possess a Machine Gun

☐ Check if a Class A Gun Club License \*NOTE: Only the Colonel of the State Police can issue a club license.

**Except for Signature, Print or Type all Requested Information**

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

\_\_\_\_\_  
Residential Address City State Zip Code Telephone Number

\_\_\_\_\_  
Gun Club Address (If Applicable) City State Zip Code Telephone Number

\_\_\_\_\_  
Date of Birth Place of Birth

\_\_\_\_\_  
Mother's First Name Mother's Maiden Name Father's First Name Father's Last Name

\_\_\_\_\_  
Height Weight Build Complexion Hair Color Eye Color

\_\_\_\_\_  
Occupation Social Security Number (Optional) Drivers License Number

\_\_\_\_\_  
Employed By Business Address

\_\_\_\_\_  
City/Town State Zip Telephone Number

**Please Answer the Following Questions Completely and Accurately**

1. Are you a citizen of the United States? \_\_\_\_\_  
If naturalized give date, place  
and naturalization number                      Date                      Place                      Naturalization No. \_\_\_\_\_
2. Have you ever used or been known by another name? \_\_\_\_\_  
If yes, provide name and explain: \_\_\_\_\_  
\_\_\_\_\_
3. What is your age? \*You must be 21 years of age to apply for a License To Carry Firearms, 18 years of age to apply for a Firearms Identification Card, 15 years of age but less than 18 years of age with submission of a certificate of parent or guardian granting permission to apply for a Firearms Identification Card. \_\_\_\_\_
4. Have you ever been convicted of a felony? \_\_\_\_\_
5. Have you ever been convicted of the unlawful use, possession, or sale of narcotic or harmful drugs as defined in M.G.L. c. 94C sec. 1? \_\_\_\_\_
6. Have you ever been convicted of a crime punishable by incarceration by more than one (1) year? \_\_\_\_\_
7. In any state or federal jurisdiction have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child for the commission of (a) a felony; (b) a misdemeanor punishable by imprisonment for more than 2 years; (c) a violent crime as defined in MGL C140.s.121; (d) a violation of any law regulating the use, possession, ownership, sale, transfer, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed; or (e) a violation of any law regulating the use, possession or sale of controlled substances as defined in section 1 of MGL 94C? \_\_\_\_\_
8. Have you ever been confined to any hospital or institution for mental illness? \_\_\_\_\_
9. Are you or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness? \_\_\_\_\_
10. Have you ever appeared in any court as a defendant for any criminal offense (excluding non-criminal traffic offenses)? \_\_\_\_\_
11. Are you now under any charge(s) for any offense(s) against the law? \_\_\_\_\_
12. Are you now or have you ever been the subject of a M.G.L. C209A restraining order or involved in a domestic violence charge? \_\_\_\_\_
13. Has any License to Carry Firearms, Permit to Possess Firearms, or Firearms Identification Card issued under the laws of any state or territory ever been suspended, revoked, or denied? \_\_\_\_\_
14. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? \_\_\_\_\_

**If You Answered "YES" to any of the Questions 4-14, Give Details Which Must Include Dates, Circumstances and Location**

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Other than Massachusetts, in what state, territory or jurisdiction have you resided? \_\_\_\_\_

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Have you ever held a License to Carry in any other state, territory or jurisdiction? \_\_\_\_\_

If "YES", when, where and license number? \_\_\_\_\_

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**List the Name and Addresses of Two References**

1. \_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Address City/Town State Zip

2. \_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Address City/Town State Zip

Reason(s) for requesting the issuance of a card or license: \_\_\_\_\_

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**\*WARNING\*** Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (MGL c.140, s.131).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my License to Carry Firearms and may be used in a criminal proceeding pursuant to Massachusetts General Law Chapter 140, Section 129 and 131.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of Applicant: \_\_\_\_\_